

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18357

FILED
Jan 16, 2009
Secretary of State

Entity Name: ENCOURAGE, INC.

Current Principal Place of Business:

3333 S. ORANGE AVENUE
SUITE 200
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1400 COMPUTER DRIVE
SUITE 300
WESTBOROUGH, MA 01581 US

New Mailing Address:

FEI Number: 59-2752833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVNEUE
S-1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVENUE
S-1500
ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: MINER, PAULA
Address: 1400 COMPUTER DRIVE, SUITE 300
City-St-Zip: WESTBOROUGH, MA 01581

Title: DPT () Delete
Name: POITRAS, EDWARD W.,
Address: 3333 S. ORANGE AVE., SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: DVS () Delete
Name: POITRAS, KAY G.,
Address: 3333 S. ORANGE AVE., SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: RILEY, THOMAS G
Address: 2601 BABCOCK ROAD
City-St-Zip: VIENNA, VA 22181

Title: D () Delete
Name: LAUER, JAY
Address: 3815 SW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: KEEN, G. COMFORTED
Address: 1209 PARKSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: POITRAS, EDWARD W
Address: 3333 S. ORANGE AVE., SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: DVS (X) Change () Addition
Name: POITRAS, KAY G
Address: 3333 S. ORANGE AVE., SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA A. MINER

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date